File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319



FOR INSTRUCTIONS, SEE BACK OF FORM

VA ETHICS AND Fax: 515-281-4073 DISCLOSURE SUMMARY PAGE EM 5.18.10 2010 MAY 24 PM 1: 05 COMMITTEE NAME (Must be same as on Statement of Organization) FORM Houser for Supervisor Committee (IMPORTANT: Indicate by # type of committee you are reporting for: DR-2 DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 07/2007) REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Political Party (if applicable) Scanned _ Computer _ Office Sought District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a 19-362-1222 SIGNATURE OF PERSON FILING REPORT __REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election 11.2.10 ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 1060.39 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD 4915.00 Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... CASH ON HAND at the end of this reporting period (if final report balance must be zero) acch. open. \$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

YES

NO

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

For Instructions,	See	Back	of	Form
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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	E (Must be same as on Statement of Organization)
Houser	for Supervisor Comm

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-
(MANUEL TITY)	NUMBER		(паррисавіе)		RAISER INCOME
	ID#	Mr. Robert Bullantyne		•	
2 24 4	CK#	1585 Dows St. Box 111		20.00	
3-20-10		Ely, Iowa 52227		20.00 C45h	
	ID#	millwright Local Union 2158			- [
11 0 10	CK# 1262	Political Action Comme 2707 G2nd St Ct			
4-9-10	1202 1D#	Bentlendorf IA 52722.5599 Robert C. Connie L. Clark	,	100.00	
	1D#	108 Rock Valley La NW			
11 8-10	CK#	CR IA 52405		100 00	
4-8-10	6821 ID#	L		100.00	
		Plumbers + Pipe Fitters 125 Political Education Fund			
4-12-10	CK# 1369	Political Education Fund 1839 16th Aue SW		500.00	
112 10	ID#	CR IA 52404-1755 Richard Petersmith		300.00	
	01/4	1211 Wiley Blud 5W			
4-12-10	CK# 1474	CR IH 52404-1320		50,00	<u> </u>
	ID#	Eugene Jahncke		0 , , ,	
	CK#	196 -22nd Aue 5W			
4-15-10	2058	CR IA 52404		25,00	
	ID#	Albert D. Van Gampleare			
	CK#	Mitzi J. Van Gampleare			
4-16-10	CK# 4057	Albert D. Van Gampleare Mitzi J. Van Gampleare 2414 Bowling St SW CR IA 52404		50,00	
	ID#	I Mark S. Seber			
	CK#	3610 Johnson Aue NW #7		, , , , , ,	
4-16-10	CK# 6885	CR TA 52405		10.00	
	10#	Richard + Norma wenzel			
(1 12 (4)	ck# 9551	4007 Hickory Hill Ln SC CR IA 52403		50,00	
4-17-10	7551 ID#			20,00	
]	***	Dean A Abramson			
4-17-10	CK# 2001	Lisa S. Abramson 4867 Oak Grove Ct NE CR IA 52411		50.00	L
, , , , ,		CK 14 52711	SUB-TOTAL	265 00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of 5

TOTAL (if last page of this schedule)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	. —	CK THIS BOX IF
Houser for Supervisor Comm		·

SCHEDULE

MONETARY

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	David 5 Good Kathleen Good		•	
4-17-10	ск# 3935	2102 Linmar Or NE CR IA 52402		\$ 25,00	
	ID#	David Domar 5425 Kacena Ave UnitB			
4-17-10	CK# 1730	Marion IA 52302		100,00	
	ID#	Celeste A Gallagher			
4-17-10	ск# 6720	Brian Shawn Gallagher 6504 Danbern Ln DE CA IA 52402		50,00	
	ID#	Robert R Rush 900 2nd St SE Unit 605			
4-17-10	ск# 7389	CR IA 52401		150,00	
	10#	James Wor Susan K Turner			
4-17-10		18 Squaw Ridge Rd Marion IA 52302		50,00	
	ID#	Dale R Thompson Joy R			
4-17-10	CK# 3287	Thompson Meadow Or 54 CR TA 52404-1096		25,00	
	ID#	Sandra K Varn 3905 37+n Aug Sw Unit B			
4-17-10	CK# 4320	CR IA 52404-8315		25,00	
	ID#	6467 Quail Ridge DrSW			
4-18-10	ск# 6439	CR IA 52404		50,∞	
	ID#	Judy A Starkfleet 1659 - 24th St NW			
4-19-10		CR IA 52405		25,00	
	ID#	waldo or Charlotte Morris			
4-19-10	ск# /03GY	Nancy L. Mowry 4512 Lakeside Rd Marion IA 52302-9595		200,00	L
			SUB-TOTAL	\$ 700,00	

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TOTAL (if last page of this schedule)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(modeling candidate's personal fallus)	
COMMITTEE NAME (Must be same as on Statement of Organization) Houser for Super(), sor Comm	CHECK THIS BOX IF AMENDING FORM
History (Or Society Of Society Collection)	

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	RECEIVED	FUND- RAISER INCOME
	ID#	John C Bloomhall		_	INCOME
(1)0,10	ск# 9889	Cynthia A. Bloomhall 272 Haggis Way		\$	
4-19-10	9007 ID#	marion IA 52302		200.00	
		Thomas L. Aller Kathleen m Aller		:	
4-19-10	21525	Kathleen M Aller 1089 Cedar woods Rd CR IA 52403.9046		100.00	
	ID#	Juanita Baer			
4-19-10	CK# 1565	6429 Quail Ridge DrSW CRIA 52404		26.05	
1 3/-13-10	1065 ID#			25.00	
	CK#	Timothy L Charles Janice Cohea Charles			
4-20-10	6465	529 Augusta Dr 5E CR 7A 52403		100.00	
	ID#	Richard F Flester Janice Flester			
4-20-10	CK# 8072	Janice Fiester 5531 Hickorywood Ct CR IA 52411-8043		25,00	L
,,	ID#	S.E. Lamb + Lynn Lamb		20100	
	CK# C S C C	Barbara Hamilton 2521 30th St SW		4	
4-21-10	1D# 9055	CR IH 52404-3222		10.00	
•		Joseph & Ironside 222 Prospect PL SW			
4-22-10	CK#	CR IA 52404		50.00	<u> </u>
	ID#	Leta m wall		<u> </u>	
112216	CK# 25.12	156 Cherry Hill Rd NW		20,00	
4-23-10	2517 ID#	CR IA 52405, 3025 Lillian Houser		20,00	
	CK#	Judy cooper 7-25th Ave SW	mother		
4-23-10	1316	CR IA 52404	sister	/00,∞	
	ID#	Bob Dennis 3693 Lewis Botlenis Rd			
4-23.10	CK#9131	Shellsburg IA 52332		25,00	
	1 01	J. 1013000 111 02332	SUB-TOTAL		
				\$ 655.00	

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Page 3 of 5 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	. —	CK THIS BOX IF
Houser for Supervisor Comm		

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DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER
	NUMBER ID#				INCOME
	10#	Richard Harger Dorathy Harger Kelly Zbanck 1890 Oows St PO Box 108 Ely In 52227-0108		\$	
4-2416	ck# 1305	1890 0005 St PO Box 108			
4-24-10	ID#	Page 0 3- 126 Mage 18-4		50.00	
		Roger A Boyles Marcia L. Boyle 4131 Cedar Hights Trail	3		
4-26-10	CK# 80G1	Center Pt IA 52213		20.00	L
1 20 10	ID#	Harold Lee Denton			
	CK#	PO BOX 74002			
4-26-10	CK#/0531	CR IA 52407-4002		100,00	
	ID#	Ken A Davidson			
	CK#	384 West Prairie Pr			
4-26-10		Fairfax IA 52228		200.00	<u> </u>
	ID#	Donald P Hattery Mary o Hattery 100 Rosedale Rd Sc			
4-22-10	CK# 5275	100 Rosedale Rd Se			
4-27-10	1D#	CRIA 52403		25,00	
		Linda A Langston 4257 Sunland Ct Se			
4-28-10	CK# 6205	CR TA 52403		50.00	
7 20 10	ID#	Gerald L. Hill Jennifer Hill		50.00	
	CK#	821-215+ Aue 5W			
4-28-10	ск# 3600	Cedar Rapids IA SZYOY		25,00	L
	ID#	F. James Bradley			
	CK#	F. James Bradley 2007 - 1st Ave SC			
4-29-10	CK# 4868	CR IA 52402.6344		50.00	
	ID#	Leland c Millard or Snirley D. Millard			
6110	CK#	101-3rd Ave 5 POBOX 84 Alburnett #A 52202		,, , ,	
5-1-10	- 6058 ID#	Alburnett A 52202		10.00	
•		Lee or Andrea Liu 3084 Loggerhead Rd			
5-1-10	CK# 10659	CR IA 52411. 9512		50,00	
0 1-10	100,59	CR 21, JETH. 1312	SUB-TOTAL	50,00	
			OOD-101AL	\$ 580.00	

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Page _____ of _____5 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

COMMI

CONTRIBUTIONS -- MONEY TAKEN IN

IBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
TEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
usor for Supervisor Comm		

SCHEDULE

Reset Form

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MMDDARC HECK NUMBER NUME	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
DR Dr Brian C Randa	RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	
5-2-10 CK# G141 Dr mary C. Kemen \$ 5-2-10 CK# G141 Dr mary C. Kemen 52403 Dr mary C. Kemen 52403 100.00 Dr mary C. Kemen 52403 100.00 Short J Brimmer Jacqueline L. Brimmer Jacqueline Dr NE CR IA 52402 100.00 Sharon L. Bertroche Jr Jealen Dr NE Joseph Bertroche Jr Jealen Dr NE (R IA 52404 250.00 Dille Laborers Political League Local 3 Soco J St Sw Joseph Bewers Joseph Bertroche Jr Myrt J Bowers Joseph Bertroche Joseph Bewers Joseph Bertroche Joseph Bewers Joseph Bertroche Joseph Bewers Joseph Bertroche Joseph Bewers Jos				(ii applicable)		
10 10 10 10 10 10 10 10		1	Dr Brian C Randall			
10 10 10 10 10 10 10 10		CK#	Dr Mary C. Revien		\$	
5-4-10 CK# C703 Scale CR	5-2-10	9191	CR IN 52403		100.00	
5-4-10 C703 S218 Broadlawn Dr SE CR FA 52403 3212 100.00		I ID#	Robert J Brimmer			
Sharon L. Bertroche Joseph Gertroche 3221 Falcon Dr NE 3221 Falcon Dr NE CK# 1878 Laborers Political League Local 43 52404 Soco J St SW CR IA 52404 250.00 S-9-10 ID# Laborers Political League Local 43 500 J St SW CR IA 52404 250.00 ID# Local 43 500 J St SW CR IA 52314 Soco J St SW S	6 (1 10	CK#	S219 Broadian Dr SE			
S-4-10 CK# 1878 Sosoph Gertroche Jr 3221 Falcon Dr NE	5-9-10		CR IA 52403. 3212		100,00	
5-4-10 1878 3221 Falcon Dr NE 100.00 10# Laborers Political League 100.00 10# Laborers Political League 100.00 10# 1			Sharon L. Bertroche			
10# Laboners folitical League CK# 1444 Social 43 Social 44 Social 43 Social 44 Social 43 Social 43 Social 43 Social 44 Social 43 Social 44 Social 43 Social 44 Social 43 Social 44 Social 43 Social 44 Socia	51110	CK# 1878	3221 Falcon Dr NE			
5-4-10 CK# 1444 Scoo J St SW CR IA 52404 D#	7-4-10	ID#	CR IA 52402		100,00	
5-4-10 CK# 1444 SOSO J St 3W CR IA 52404 D#		- "	11.000143			
ID# William D. Bowers Myrt J Bowers Myrt J Bowers 203 Lincoln Hwy 25.00 Mt Vernon IA 52314 25.00 Mt Vernon IA 52314 25.00 Mt Vernon IA 52314 5.60.00 Mt Vernon IA 52314 5.60.00 Mt Vernon IA 52314 5.60.00 Mt Vernon IA 52404 5.60.00 Mt Vernon IA 52404 5.60.00 Mt Vernon IA 52404 7.50.00 Mt Vernon IA 52403 Mt Vern	5-4-10		5000 J St SW		250.00	
5-5-10 CK# 1050 Myrt J Bowers 203 Lincoln Hwy A 52314 Tronworkers Local 89 Political Ed Fund 5000 J St Suns 2404 5-6-10 CK# 3183 TOEW Educational Comm. 900 7th St NW 5-13-10 CK# 20559 Washington Dc 20001 Heat t Frost Insulators t Asbestos Workers L81 CK# 3550 CR IA 52404 5-13-10 CK# 3118 CK# 3118 CK# 3118 CR IA 52404 100.00	3 1110		CR IA 32404		230,00	
10 10 10 10 10 10 10 10 10 10 10 10 10 1		014#	Myrt J Bowers			1
10# Tronworkers Local 89 500,00	5-5-10	/O SO	203 Lincoln Hwy		25.co	
5-6-10 CK# 3183 Folitical Ed Fund						
5-13-10 ID# IOEW Educational Comm. 900 7 th 5 th NW 900 7 th 5 th NW 10# Heat the Frost Insulators the Asbestos workers L81 CR IA 52404 100.00 ID# James A Novak 2040 - 44 th 5 th SE CR IA 52403 10# CK# ID# CR IA 52403 100.00 ID# CK# ID# CR IA 52403 ID# CK# ID# CK# ID# ID# CK# ID# ID# CK# ID# ID# CK# ID# ID# CR IA 52403 ID# I		CK#	Political Ed Eund			
ID# IOEW Educational Comm. 900 7 th 5 th NW 10# 20559 Washington Dc 20001 750.00 10# Heat & Frost Insulators & Asbestos Workers L81 100.00 10# James A Novak 2040 - 44 th 5 th SE CR IA 52403 10# CK# CK# CR IA 52403 10# CK#	5-6-10	3183	5000 J St SW CQ IA 52404		500,00	L.,
5-13-10 CK# 20559 GOO 7+n St NW 5-13-10 DB Washington DC 20001 Heat & Frost Insulators & Asbestos Workers L81 CK# 3550 CR IA 52404 DB James A Novak CK# 3/18 CR IA 52403 CR IA 52403 CK# 3/18 CR IA 52403		ID#	IBEW Educational Comm.			
5-13-10 D# Heat & Frost Insulators Hea		CK#	900 7+5+ NW			1
5-13-10 CK# 3550 CR IA 52404 /00.00 1D# James A Novak 5-13-10 CK# 3/18 2040 - 44+n 5+ SE CR IA 52403 /00.00 ID# CK#	5-13-10	20559	Washington Dc 20001		750.00	·
5-13-10 ON 3550 CR IA 52404 /00.00 \\ 5-13-10 ON 3550 CR IA 52404 /00.00 \\ 5-13-10 ON 3550 CR IA 52404 /00.00 \\ CK# 3/18 CR IA 52403 /00.00 \\ CK#		ID#	Heat & Frost Insulators			
5-13-10 ID# James A Novak 2040 - 44+n 5+ SE CR IA 52403 /00.00	(-12)	CK# 2550				
5-13-10 CK# 3/18 2040 - 44+h 5+ SE CR IA 52403 /00.00	5-13-10		·		100,00	
CR IA 52403 /00.00 -		IU#	James A Novak			
ID# CK#	5-13-10	CK# 3/18				
CK#	3 1 370		CK IA 52403		100.00	
SUB TOTAL		CK#				L
			·	SUB-TOTAL		

TOTAL (if last page of this schedule)

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTER	E NAME (Must be	same as on Statement of Organization)		
Hous	ser for	Supervisor Cor	nnitee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Ad Craft Printing 309 Sth Aue SE	envelopes	
3-22-10	CK# 1260	PO BOX 246 CR TA S2406 Mailing Services	remitance envelopes letterhead	\$ 292.11
	ID#	Mailing Services	postage	
4-15-10		950 Capital Dr SW CR IA 52404-9096		340.85
	ID#	James Houser 505 Rockvalley	reimb for Adcraft, color letter head	
5-10-10	CK# 1262	CR IA 52404	envelopes, cowboy cards	906.59
5-12-10	ID# CK# /263	Molling Services 950 Capital Dr.SW CR IA 52404	data processing mailing services fulfillment	131.45
	ID# CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$1671.00
			TOTAL (if last page of this schedule)	\$1671.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	<i>i</i>	İ
Page	of	

FOR INSTRUCTIONS,	SEE	BACK	OF	FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Houser for Supervisor Committee

SCHEDULE	
E	IN-KIND
(Rev. 06/97)	CONTRIBUTIONS
	K THIS BOX IF DING FORM

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
3-17-10	Dave Kaplan 2025 Sandlewood Dr NE CR IA		unyl letters	\$ 52,00	
			SUB-TOTAL TOTAL (if last page of this schedule)	52,00	

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Page of for Schedule E)